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36238

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|  |                      |                        |              |
|--|----------------------|------------------------|--------------|
| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 09/864,383             |              |
|  | Filing Date          | May 25, 2001           |              |
|  | First Named Inventor | Bye                    |              |
|  | Group Art Unit       | 3623                   |              |
|  | Examiner Name        | Stimpak                |              |
| Total Number of Pages in This Submission   |                      | Attorney Docket Number | 005222.00115 |

| ENCLOSURES (check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br><b>Response to Office Action<br/>Certificate of Express Mail<br/>Return Receipt Requested</b> |
| Remarks<br>The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733. A duplicate of this sheet is enclosed.<br><br><b>Express Mail No. EV 335691208 US</b>   |   |  |

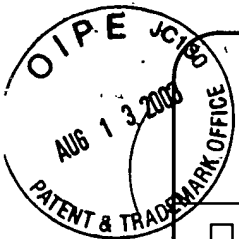
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | Kenneth F. Smolik<br>Banner & Witcoff, Ltd. |
| Signature                                  | <i>Kenneth F. Smolik</i>                    |
| Date                                       | August 13, 2003                             |

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PTO/SB/17 (01-03)  
Approved for use through 01/31/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 36

Complete if Known

Application Number 09/864,383  
Filing Date May 25, 2001  
First Named Inventor Bye  
Examiner Name Stimpak  
Art Unit 3623  
Attorney Docket No. 005222.00115

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AUG 18 2003

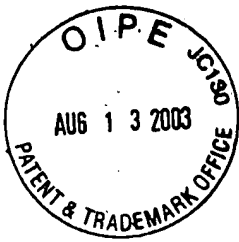
GROUP 3600

| METHOD OF PAYMENT (check all that apply)   |              |          |          | FEE CALCULATION (continued)                                |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
|--|--------------|----------|----------|--|--------------|----------|----------|-----------------|----------|------|-----|------|-----|------------------------|--|------|-----|------|-----|-----------------------------------|--|------|-----|------|-----|---------------------------------------|--|------|-----|------|-----|--|--|------|-----|------|----|--|--|--------------|--|--|--|----------|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number 19-0733<br>Deposit Account Name Banner & Witcoff, Ltd.<br>The Commissioner is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |              |          |          | <b>3. ADDITIONAL FEES</b>                                  |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| <b>FEE CALCULATION</b>   |              |          |          |  |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b>   |              |          |          |  |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td colspan="2">(\$ ) 0</td></tr></tbody></table>  |              |          |          | Large Entity   | Small Entity | Fee Code | Fee (\$) | Fee Description | Fee Paid | 1001 | 750 | 2001 | 375 | Utility filing fee     |  | 1002 | 330 | 2002 | 165 | Design filing fee                 |  | 1003 | 520 | 2003 | 260 | Plant filing fee                      |  | 1004 | 750 | 2004 | 375 | Reissue filing fee                                 |  | 1005 | 160 | 2005 | 80 | Provisional filing fee                                     |  | SUBTOTAL (1) |  |  |  | (\$ ) 0  |  |  |  |  |  |
| Large Entity   | Small Entity | Fee Code | Fee (\$) | Fee Description  | Fee Paid     |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1001   | 750          | 2001     | 375      | Utility filing fee   |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1002   | 330          | 2002     | 165      | Design filing fee  |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1003   | 520          | 2003     | 260      | Plant filing fee   |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1004   | 750          | 2004     | 375      | Reissue filing fee   |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1005   | 160          | 2005     | 80       | Provisional filing fee                                     |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| SUBTOTAL (1)   |              |          |          | (\$ ) 0  |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |              |          |          |  |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
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| Large Entity   | Small Entity | Fee Code | Fee (\$) | Fee Description  | Fee Paid     |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1202   | 18           | 2202     | 9        | Claims in excess of 20                                     |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1201   | 84           | 2201     | 42       | Independent claims in excess of 3                          |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1203   | 280          | 2203     | 140      | Multiple dependent claim, if not paid                      |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1204   | 84           | 2204     | 42       | ** Reissue independent claims over original patent         |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| 1205   | 18           | 2205     | 9        | ** Reissue claims in excess of 20 and over original patent |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| SUBTOTAL (2)   |              |          |          | (\$ ) 36   |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| Total Claims 215 - 213 ** = 2 X 18 = 36<br>Independent Claims 10 - 10 ** = 0 X = 0<br>Multiple Dependent X = 0   |              |          |          |  |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid  |              |          |          | SUBTOTAL (3) (\$ ) 0                                       |              |          |          |                 |          |      |     |      |     |                        |  |      |     |      |     |                                   |  |      |     |      |     |                                       |  |      |     |      |     |  |  |      |     |      |    |  |  |              |  |  |  |          |  |  |  |  |  |

| SUBMITTED BY      |                          |                                  |        | Complete (if applicable) |                 |
|-------------------|--------------------------|----------------------------------|--------|--------------------------|-----------------|
| Name (Print/Type) | Kenneth F. Smolik        | Registration No. Attorney/Agent) | 44,344 | Telephone                | 312-463-5000    |
| Signature         | <i>Kenneth F. Smolik</i> |                                  |        | Date                     | August 13, 2003 |

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Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231



CERTIFICATE OF EXPRESS MAIL  
(PATENT)

Attorney Docket No. 005222.00115

Express Mail No. EV 335691208 US  
Deposited August 13, 2003

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR §1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: \_\_\_\_\_

*Xeddel*

Bye, U.S. Patent Application No. 09/864,383 for "SYSTEM AND METHOD AND INTERFACE FOR EVALUATING A SUPPLY BASE OF A SUPPLY CHAIN"

- Transmittal Form (in duplicate)
- Fee Transmittal (in duplicate)
- Response to Office Action (35 pages)
- Return Receipt Postcard

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BANNER & WITCOFF, LTD.  
10 South Wacker Drive  
Chicago, Illinois 60606  
Telephone: 312-463-5000



*Amdt 11/B*  
*8-23-03*  
*L. Ellis*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
Attorney Docket No. 005222.00115

U.S. Patent Application of Bye )  
Application No: 09/864,383 )  
Filed: May 25, 2001 ) Group Art Unit 3623  
For: SYSTEM AND METHOD AND ) Examiner: Johnna R. Stimpak  
INTERFACE FOR EVALUATING A )  
SUPPLY BASE OF A SUPPLY CHAIN )

**RESPONSE TO OFFICE ACTION MAILED MAY 14, 2003**

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

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In response to the Office Action dated May 14, 2003, please enter the following response. The Examiner set a three-month period for response, thus making this Amendment due on or before **August 14, 2003**. The Commissioner is authorized to charge any fees associated with this Response to Deposit Account No. 19-0733. Please amend the patent application as follows.

Amendments to the claims are reflected in the listing of claims, which begin on page 2 of this paper.

Remarks begin on page 29 of this paper.

08/15/2003 MNEKONEN 00000033 190733 09864383

01 FC:1202 36.00 DA